4. POSITION NUMBER

AGENCY

TINU

CLASS

SERIAL

## STD. 674D (REV. 6/2013) STATE OF CALIFORNIA - CONTROLLER'S OFFICE INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

1. CBID 2	2. SOCIAL SECURITY NUMBER 222-22-222		3. F.I.	N.I.	COMPLI	COMPLETE	류											complete		com	complete complete	- Cog	nplet		complete	olete	
5. PAY PERIOD 6.	6. ENTER NUMBER OF HOURS AND CODE - Intervening activity/working while on Disability [W=Worked; C=Industrial Disability (IDL)] or Dock during the regular period of pay (L=Dock). Please complete if employee is on afternate work schedule before during and after Disability.	E - Intervenin	g activ	ity/wo	rking v	while o	n Disa	bility[	W=W	orked;	C=Ind	ustrial	Disab	ility (I	DL)] o	Dock	durir	ig the	regula	ır perio	od of p	ay (L=	Dock	·			
1 MO YR 05 13	1 2 3 4 5 6	7 8	9	10	= =	12	13	14	15	16	17	<u></u>	19	20	21	22	23	24	25	26	27	28	29	30	<u>ω</u>		
7. INDUSTRIAL DISABILITY (IDL)	ודא (וסר)	9. PAYI	MENT	PAYMENT PER CONTROLLER	ONTRO	LER .								11. A		11. ADDITIONAL INFORMATION	Į.	RMA	NOIT								ΙL
a. EMPLOYEE ON IDL	FROM: THROUGH:	ıssı	ISSUE DATE	픎	닉		TIME WORKED	RKED	Н	WARRANT OR	NT OF	_		SDIS	SUPP	SDI SUPPLEMENTATION	VIN.	TOT									
		MO	DY	⋨	뭐	-	DAYS	HOURS	0.1	A/R NUMBER	JMBER		RET	EE R	ET UE	NED	101	VOR	EE RETURNED TO WORK 05/20/13	20/13							
b. EMPLOYEE E	EMPLOYEE ENTITLED TO ENHANCED IDL	5	24	13	0	15	Vi Vi			complete	olete	+		EE D	UE 9	DAY	S RE	JUE	EE DUE 9 DAYS REGULAR PAY	~							
c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE	OMPUTED		-																								
												-															
8A. NON-INDUSTRIAL DISABILITY (NDI)																											
a. EMPLOYEE ON NO	FROM: THROUGH:																										
b. AVERAGE HOURS WORKED DURING	ORKED DURING	10. PAYMENT SHOULD BE	MENI	NOHS	LD BE																						
PREVIOUS 18 MONTHS FOR	THS FOR			3			1€	RED						I home			2										$\Box$
		200	, L		, =	+	$\rightarrow$	HOURS	+-	TIMEBASE FRACTION	SE FR	OL O		basea	on th	ie app	ropr	iate g	based on the appropriate government codes and/or employee has been	ment o	codes	and/o	r emp	loyee	has t	neen	
c. EMPLOYEE ON	EMPLOYEE ON ANNUAL LEAVE PROGRAM		*			4					ŀ			notific	ed of	the im	pena mplo	ing a	notified of the impending account receivable. Prior to submitting this STD 674D, the employee was given a reasonable time to respond.	t rece	ivable easor	. Prio uable i	r to s time t	ubmit o resp	ting t	his	
ELECTED	% SUPPLEMENTATION	SUPPLEMENTAL	MENTA			5	-							12. AUTHORIZED SIGNATURE	Ä	RIZE	DSIG	NATU	æ				ō	DATE SIGNED	GNEC	_	
		NDI			1				·					YOUR SIGNATURE	JR S	GN	OTA	RE					D	DATE			
8B. STATE DISABILITY INSURANCE (SDI)	NSURANCE (SDI)	וםו דעור	-		0								<u>_</u>	5	5	>	'						[		ŀ		Į
a. EMPLOYEE ON SDI	FROM: THROUGH:	IDL 2/3			z									(PRINT OR TYPE N.		(PRINT OR TYPE NAME)	IAME:										.1
	05/01/2013 05/19/2013	3 IDL/S			U									1					<u>-</u> <u>-</u>								
b. 🗙 EMPLOYEE ELI	X EMPLOYEE ELECTED SUPPLEMENTATION		SHIFT			CODE		HOURS		HS	SHIFT RATE	<b>-</b>			ADI -				COMBLETE IE NIEEDED	an aut	thorize	id sign	lature)				
	COMBI ETE	REGULAR	_		2									COMIT LE IL INEEDED			2		5	15							- 1
c. SDI WEEKLY RATE: \$ COMPLETE	COMPLE	IDL FULL			6									14. TELEPHONE NUMBER			MOME	R									
		IDL 2/3			z									(6666-666 (666)	99	9-9	999										1
					1		-		+-	390				15. EMAIL ADDRESS	5 <b>≨</b>	ADDR	ESS										
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